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ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH County
BUREAU OF VITAL STATISTICS County
District or Township City Miami No. D. H. Mil. Oal. St No. D. H. Mil. Oal. St No. D. H. Mil. Oal. St Next (It birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 3. Sex of Child To be answered ONLY in event of plural births. To be answered ONLY in order of birth. St. Date of birth Luly 1-1928 of birth. NOTHER Full name Francis Co Bijararo 9. Residence (Usual place of abode) If non-resident, give place and state. Output 15. Residence (Usual place of abode) If non-resident, give place and state. Output 16. Color or rese
District or Township City
No. 1 H Mul Oal St. St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number) 2. Full name of child Tan is es Bejarano St. St. Ward 3. Sex of Child To be answered ONLY in event of plural births. 5. No., in order of birth St. St. Ward 6. Legitimate? To Date of birth Day Year 7. Date of birth Day Year 8. FATHER Full name Francis to Bejarano 9. Residence (Usual place of abode) If non-resident, give place and state. 15. Residence (Usual place of abode) If non-resident, give place and state. 16. Color or rese
2. Full name of child Hancis es Byarans 11 1928 12 13 14 14 15 15 16 16 16 16 16 16
2. Full name of child Hancis es Bejarans 3. Sex of Child To be answered ONLY in event of plural births. 5. No., in order of birth Hall I - 1928 of birth Day Year 8. FATHER Full name Fame & Bejarans 9. Residence (Usual place of abode) If non-resident, give place and state. 16. Color or rese
3. Sex of Child To be answered ONLY in event of plural in event of plural births. Solution FATHER Full name Francis Co Bijarano 9. Residence (Usual place of abode) If non-resident, give place and state. 14. Twin, triplet or other
Male births. 5. No., in order of birth 14. Solution 15. Residence (Usual place of abode) If non-resident, give place and state. 16. Color or rese
Full name Francis co Bejarano 9. Residence (Usual place of abode) If non-resident, give place and state. Separano Full maiden name Posa Flores (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. If Color or rese
9. Residence (Usual place of abode) If non-resident, give place and state. Full maiden name (No. of Full maiden name) Full maiden name (No. of Full maiden name) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state.
9. Residence (Usual place of abode) If non-resident, give place and state. 15. Residence (Usual place of abode) If non-resident, give place and state. 16. Color or resea
If non-resident, give place and state. Whoma. If non-resident, give place and state. Whoma.
16. Color or race
10. Color or race
Mld. 11. Age at last birthday 23 (Years) Mld. 17. Age at last birthday 20 (Years
12. Birthplace (city or place) Lilver City, 18. Birthplace (city or place) Tyrone
(State or country) New Met. (State or country) New Mey
13. Occupation
Nature of industry
20 Number of children of this mather 3) (a) Born alive and now living 21. Were precautions taken against opl
20. Number of children of this mother
certified and including this child).
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was Down and at H. m. on the date above state
(Bgrn alive or stillborn)
*When there was no attending physician or midwife, then the father, householder,
child is one that neither breathes nor
shows other evidence of life after birth.) Given name added from Address Mamu, Address Communication or midwife).
a supplemental report Month, day, year
Registrar. Filed 7, 19.0 6.0 7111
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